

County: Dodge
MARQUARDT MEMORIAL MANOR, INC.
1020 HILL STREET

Facility ID: 5450

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WATERTOWN 53098 Phone: (920) 261-0400
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 140
Total Licensed Bed Capacity (12/31/01): 140
Number of Residents on 12/31/01: 137

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 138

Nonprofit Church
Skilled
Yes
Yes
Yes
138

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.5
Supp. Home Care-Personal Care	No					1 - 4 Years		44.5
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0.7	Under 65	3.6	More Than 4 Years		27.0
Day Services	No	Mental Illness (Org./Psy)	44.5	65 - 74	5.1			-----
Respite Care	No	Mental Illness (Other)	1.5	75 - 84	28.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	8.0	65 & Over	96.4	-----		
Transportation	No	Cerebrovascular	14.6		-----	RNs		14.5
Referral Service	Yes	Diabetes	7.3	Sex	%	LPNs		7.6
Other Services	Yes	Respiratory	3.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.5	Male	27.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7	194	0	0.0	0	0	0.0	0	1	0.7
Skilled Care	7	100.0	269	93	100.0	107	0	0.0	0	36	97.3	194	0	0.0	0	0	0.0	0	136	99.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		93	100.0		0	0.0		37	100.0		0	0.0		0	0.0		137	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	3.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	10.6	Bathing	0.0	49.6	50.4	137
Other Nursing Homes	4.5	Dressing	2.9	66.4	30.7	137
Acute Care Hospitals	72.7	Transferring	19.0	57.7	23.4	137
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	13.1	48.2	38.7	137
Rehabilitation Hospitals	0.0	Eating	25.5	60.6	13.9	137
Other Locations	9.1	*****				
Total Number of Admissions	66	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	13.9	Receiving Respiratory Care	3.6	
Private Home/No Home Health	8.8	Occ/Freq. Incontinent of Bladder	53.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	10.3	Occ/Freq. Incontinent of Bowel	55.5	Receiving Suctioning	0.0	
Other Nursing Homes	1.5	Mobility	4.4	Receiving Ostomy Care	1.5	
Acute Care Hospitals	2.9			Receiving Tube Feeding	1.5	
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	42.3	
Rehabilitation Hospitals	0.0	Physically Restrained		Other Resident Characteristics		
Other Locations	1.5	Skin Care		Have Advance Directives	100.0	
Deaths	75.0	With Pressure Sores	2.9	Medications		
Total Number of Discharges		With Rashes	16.1	Receiving Psychoactive Drugs	43.1	
(Including Deaths)	68					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	98.6	92.7	1.06	84.1	1.17
Current Residents from In-County	66.4	74.5	0.89	79.3	0.84
Admissions from In-County, Still Residing	39.4	27.9	1.41	25.5	1.54
Admissions/Average Daily Census	47.8	95.2	0.50	110.2	0.43
Discharges/Average Daily Census	49.3	95.2	0.52	110.6	0.45
Discharges To Private Residence/Average Daily Census	9.4	31.4	0.30	41.2	0.23
Residents Receiving Skilled Care	100	91.4	1.09	93.8	1.07
Residents Aged 65 and Older	96.4	97.3	0.99	94.1	1.02
Title 19 (Medicaid) Funded Residents	67.9	64.2	1.06	66.9	1.02
Private Pay Funded Residents	27.0	29.6	0.91	23.1	1.17
Developmentally Disabled Residents	0.7	0.7	1.06	0.6	1.13
Mentally Ill Residents	46.0	36.0	1.28	38.7	1.19
General Medical Service Residents	17.5	21.3	0.82	21.8	0.80
Impaired ADL (Mean)	59.9	49.0	1.22	48.4	1.24
Psychological Problems	43.1	50.2	0.86	51.9	0.83
Nursing Care Required (Mean)	8.5	7.5	1.13	7.5	1.13